

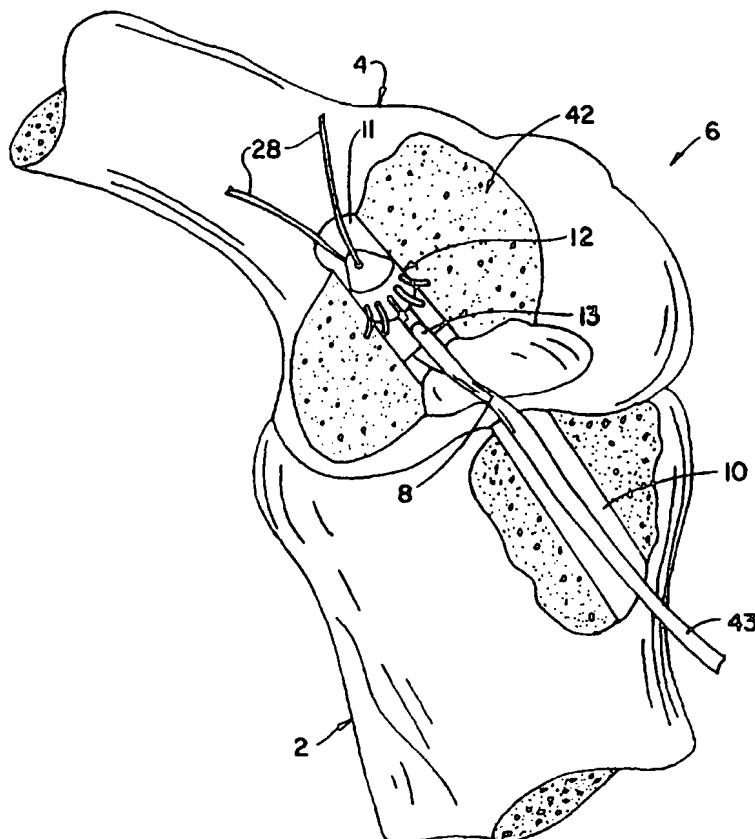
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(21) International Application Number: PCT/US94/06251 (22) International Filing Date: 6 June 1994 (06.06.94) (30) Priority Data: 08/075,168 10 June 1993 (10.06.93) US (71) Applicant: MITEK SURGICAL PRODUCTS, INC. [US/US]; 57 Providence Highway, Norwood, MA 02062 (US). (72) Inventor: LI, Lehmann, K.; 712 East Broadway, Milford, CT 06460 (US). (74) Agent: PANDISCIO, Mark, J.; Pandiscio & Pandiscio, 470 Totten Pond Road, Waltham, MA 02154 (US).		(81) Designated States: AU, CA, FI, JP, European patent (AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE). Published <i>With international search report.</i>

(54) Title: SURGICAL ANCHOR AND METHOD FOR USING SAME**(57) Abstract**

An anchor (12) for attaching an object within a tunnel (11) extending through a work-piece such as a bone (6) or a bone-like structure, and a method for using the same. The anchor includes a body (14), and a plurality of barbs (151) located in circumferentially spaced relation about the body (14). The barbs (151) are formed of a material which may be elastically deformed from a normal configuration wherein the outer ends of the barbs extend radially outwardly of the body (14) toward a configuration wherein the barbs are located generally parallel to the longitudinal axis of the body (14). A diametrical opening (26) in the front portion of the anchor is provided for engagement by a length of cord-like material such that the anchor may be pulled into a bone tunnel (11), and an opening in the rear portion of the anchor is provided for attaching either a ligament (8), tendon or the like to the anchor (12), or for grasping a bone plug or similar rigid object attached to a free end of the ligament (8), tendon, or the like.



SURGICAL ANCHOR AND METHOD FOR USING SAME

Field Of The Invention

The present invention relates generally to fastening devices. More particularly, the invention relates to devices for attaching portions of objects within tunnels formed in bones or bone-like structures, and to methods for using the same.

Background Of The Invention

The complete, or partial, detachment of ligaments, tendons or other soft tissues from their associated bones within the body is a relatively commonplace injury, particularly among athletes. Such injuries generally result from excessive stresses being placed on these soft tissues. For example, a tissue-detaching injury may occur as the result of an accident such as a fall, overexertion during a work-related activity, during the course of an athletic event, or in any one of many other situations and/or activities.

In the case of a partial detachment, commonly referred to under the general term "sprain", the injury will frequently heal itself, if given sufficient time, and if care is taken not to expose the injury to any undue or extraordinary stress during the healing process. If, however, the ligament or tendon is completely detached from its associated bone or bones, or if it is severed as the result of a traumatic injury, partial or permanent disability may result. Fortunately, a number of surgical techniques exist for re-attaching such detached tissues and/or completely

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holding the bone blocks in position, a bone screw is inserted between each bone block and the side wall of its associated bone tunnel so as to securely lock the bone block in position using a tight interference fit.

Alternatives to the foregoing use of bone screws are also well known in the art. For example, in U.S. Patent No. 5,147,362 entitled "Endosteal Ligament Fixation Device", issued September 15, 1992 to E. Marlowe Goble, rearwardly extending flexible barbs or pins are attached to a bone plug (either directly or by a collar, cap or similar intervening element) for anchoring a bone plug within a bone tunnel. The disclosure of the foregoing U.S. Patent No. 5,147,362 is specifically incorporated herein by reference.

In U.S. Patent No. 4,997,433 entitled "Endosteal Fixation Stud and System", issued March 5, 1991 to E. Marlowe Goble et al., a stud is disclosed for attachment to the outer end of the bone block. This stud includes a pair of spaced, forwardly projecting, flexible arms. One of these arms includes a substantially rigid, radially and rearwardly projecting portion disposed adjacent the arm's outer end. The stud is inserted through a bone tunnel ahead of a bone block to which it has been attached so that the projection may engage the outer surface of the bone adjacent the far end of the bone tunnel. This projection then acts to hold the bone block within the bone tunnel so long as rearwardly directed tension is maintained on the bone block. The disclosure of U.S. Patent No. 4,997,433 is also specifically incorporated herein by reference.

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Patent No. 5,147,362, the cross-sectional size of the bone tunnel must significantly exceed the cross-sectional size of the bone block due to the particular constructions utilized. This results in the bone block being spaced from the side wall of the bone tunnel, which can in turn delay assimilation of the bone block into the bone during healing. The device of U.S. Patent No. 4,997,433, on the other hand, is limited to use in a particular method of re-attachment. Furthermore, undesirable binding may occur between the stud's projection and the side wall of the bone tunnel as the stud is forced through the bone tunnel.

Various types of suture anchors and anchors for attaching objects to bone are also well known in the art. A number of these devices are described in detail in U.S. Patents Nos. 4,898,156; 4,899,743; 4,946,468; 4,968,315; 5,002,550; 5,046,513; and 5,192,303 (each of which is presently owned by Mitek Surgical Products, Inc. of Norwood, Massachusetts, the assignee of this application). The disclosures of these patents are also specifically incorporated herein by reference.

Objects Of The Invention

Accordingly, one object of the present invention is to provide a surgical anchor useful in the repair and/or replacement of ligaments, tendons and similar elongated soft tissues.

Another object of the present invention is to provide a surgical anchor for holding a bone block in place in a bone tunnel, so that a piece of soft tissue attached to the bone block can be connected to a bone

Summary Of The Invention

These and other objects are achieved by the use of the present invention, which comprises a novel surgical anchor and the use of the same. The novel surgical anchor generally comprises a body and a plurality of barbs.

The body comprises a longitudinal axis, a front end, a rear end, a front portion adjacent the front end, a rear portion adjacent the rear end, and an outer surface. Connection means are associated with the front portion of the body for connecting the body to anchor pulling means. Attachment means are associated with the rear portion of the body for attaching a desired repair material (i.e., a piece of detached tissue, a replacement for detached tissue, a bone block, or some other object) to the body.

The connection means preferably comprises a bore extending transversely through the front portion of the body, and the anchor pulling means preferably comprises a length of strong suture, braided twine, wire or the like.

The attachment means may take any one of several forms. The specific form chosen will depend upon the nature of the repair material which is to be attached to the body, and upon the particular geometrical configuration chosen for the body itself. Accordingly, the attachment means may comprise an opening extending through the rear portion of the body. Alternatively, the attachment means may comprise a longitudinal slot extending into the rear end of the body.

In the latter slot alternative, the sections of the

body. Each of these channels has a forward end located the same axial distance from the front end of the body. A barb extends outwardly and rearwardly from the forward end of each longitudinal channel to an outer end. The outer ends of the barbs are normally located radially outwardly of an axial projection of the maximum geometrical cross-section of the body, as taken perpendicular to its longitudinal axis. In addition, each barb is capable of being elastically deformed so that its outer end lies within the aforementioned axial projection of the maximum geometrical cross-section of the body. As a result of this construction, when the anchor is pulled into an appropriately sized bone tunnel using the aforementioned anchor pulling means, the anchor's barbs will engage the side wall of the bone tunnel and be deflected inwardly so as to allow the anchor to pass down the bone tunnel. At the same time, however, the anchor's barbs will prevent the anchor from being withdrawn from the bone tunnel in the direction of its entry.

In the method of the invention, a length of suture-like material is threaded through the transverse bore of the connection means, and the repair material is attached to the attachment means at the rear portion of the anchor body. In the case where the repair material constitutes soft tissue such as a ligament, tendon or the like, the connecting means may be in the form of a transverse opening extending through the anchor body, and the soft repair material may be attached directly to the anchor body by looping it through the transverse opening, or by attaching it to

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Brief Description Of The Drawings

These and other objects and features of the present invention will be more fully disclosed or rendered obvious by the following detailed description of the preferred embodiments of the invention, which is to be considered together with the accompanying drawings wherein like numbers refer to like parts, and further wherein:

Fig. 1 is a side view in partial section showing a portion of a human femur bone and a portion of a human tibia bone adjacent a knee joint, each having a bone tunnel extending therethrough, and showing a first embodiment of a surgical anchor formed in accordance with the present invention, wherein the surgical anchor is attached directly to one end of a ligament;

Fig. 2 is a side view of the surgical anchor shown in Fig. 1;

Fig. 3 is a side view of the surgical anchor shown in Fig. 2, wherein the anchor has been rotated 90° about its longitudinal axis;

Fig. 4 is a rear view of the surgical anchor shown in Fig. 3;

Fig. 5 is a side view similar to that of Fig. 1, but showing a second embodiment of a surgical anchor formed in accordance with the present invention, wherein the surgical anchor is attached to a bone block located at one end of a ligament;

Fig. 6 is a side view of the surgical anchor shown in Fig. 5, with the anchor being shown in its closed position;

Fig. 7 is a side view of the surgical anchor of

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front end 16. This provides body 14 with a generally forwardly pointed configuration. Rear portion 22 includes an outer surface 25. Body 14 is preferably formed out of 6AL-4V ELI titanium. It may, however, be formed out of any suitable biocompatible metal, biocompatible polymer or bioabsorbable material, all without departure from the present invention.

A bore 26 extends through front portion 18, perpendicular to longitudinal axis 15. Bore 26 is sized such that a strong suture 28 (Fig. 1), or some other suitable anchor pulling means, may be connected thereto for pulling anchor 12 in a forward axial direction. In addition, tapered grooves 27 extend forwardly from the openings of bore 26 onto outer surface 24. Grooves 27, combined with the rounding of the outer edges of bore 26, provide a smooth, substantially continuous surface against which the anchor pulling means 28 may bear. This reduces the chance of breaking the anchor pulling means 28 during deployment of the anchor.

The anchor's rear portion 22 includes an opening 30 extending transversely through body 14 adjacent its rear end 20. Opening 30 is preferably, but not necessarily, oriented substantially parallel to bore 26 in front portion 18. Opening 30 is sized to receive a loop of ligament, tendon or the like (Fig. 1), or a loop of suture which is in turn attached to a ligament, tendon or the like, or a loop of suture which is in turn attached to a bone block or plug, so as to attach the desired repair material to the anchor, as will hereinafter be discussed in further detail. Channels

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end 38 is normally located radially outside the periphery of an axial projection of the maximum geometric cross-section of body 14, as taken perpendicular to longitudinal axis 15. At the same time, however, barbs 36 are formed out of an elastically deformable material such that outer ends 38 can be forced radially inwardly so as to be located within the periphery of an axial projection of the maximum geometric cross-section of body 14. On account of this construction, when an anchor 12 is inserted longitudinally into an appropriately sized bone tunnel, the outer ends 38 of barbs 36 will engage, and be deflected inwardly by, the side wall of the bone tunnel. This yieldable engagement of barbs 36 with the adjacent bone permits the anchor to be moved along the bone tunnel and then fixed securely in position, as will hereinafter be described in further detail.

In the preferred embodiment, barbs 36 are formed out of a pseudoelastic shape memory alloy of the type disclosed in U.S. Patent No. 4,665,906 entitled "Medical Devices Incorporating SIM Alloy Elements", issued May 19, 1987 to Jervis, which patent is specifically incorporated herein by reference. By way of example, one such pseudoelastic shape memory alloy might be a nickel titanium alloy such as Nitinol, which is available from Flexmedics of Minneapolis, Minnesota, among others. The use of such a material, in combination with the normal orientation of the barbs relative to the anchor body, permits the barbs to initially deflect inwardly to the extent required to permit the anchor to move forward in the bone tunnel,

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of a pushing force to the rear end of the anchor may be accomplished either in conjunction with, or as a substitute for, a pulling force applied to the front portion of the anchor via bore 26 and anchor pulling means 28.

Selected exemplary dimensions of two sizes (designated "A" and "B", respectively) of the surgical anchor shown in Figs. 1-4 are set forth below for purposes of illustration:

	<u>"A"</u>	<u>"B"</u>
Maximum diameter	0.315 inches	0.236 inches
Length	1.50 inches	0.750 inches
Diameter of bore 26	0.093 inches	0.075 inches
Length of slot 30	0.268 inches	0.195 inches
Width of slot 30	0.182 inches	0.146 inches
Angle of taper of front portion 18	60 degrees	60 degrees
Length of channels 34	0.193 inches	0.193 inches
Width of channels 34	0.033 inches	0.033 inches
Depth of channels 34	0.043 inches	0.043 inches
Diameter of barbs 36	0.030 inches	0.030 inches
Length of barbs 36 in straight configuration	0.320 inches	0.320 inches
Width of flattened section 32	0.220 inches	0.160 inches

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whereby the anchor's barbs 36 may engage the side walls of bone tunnels 10 and 11 as the anchor is pulled through the bone tunnels. Next, the free ends of suture 28 are pulled so as to draw anchor 12 (and its associated ligament or repair material 8) through tibial bone tunnel 10 and part way through femoral bone tunnel 11, until anchor 12 sits in the relatively soft cancellous region 42 of femur 4. At the same time, the free end 43 of the ligament or repair material 8 will extend out the end of tibial bone tunnel 10, as shown in Fig. 1. It will be understood that the generally forwardly pointed configuration of anchor 12 will facilitate its entry into and through the bone tunnels. It will also be understood that as the anchor is pulled along the bone tunnels, the anchor's outwardly extending barbs 36 will engage the side walls of the bone tunnels, deflecting inwardly as required so as to allow the anchor to pass down the bone tunnels. At the same time, however, these barbs 36 will resiliently engage the surrounding bone so as to prevent the anchor from being withdrawn from the bone tunnels in the direction of its entry.

Once the anchor 12 has been properly positioned in bone tunnel 11, a pulling force is exerted on the opposite end 43 of ligament or repair material 8 so as to firmly set barbs 36 into the cancellous region 42 of femur 4. Suture 28 may then be removed from anchor 12.

Thereafter, the other end 43 of ligament or repair material 8 may be affixed to the tibia. This may be accomplished by using another anchor 12 appropriately attached to end 43 or, alternatively, it may be

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other suitable anchor pulling means, may be connected thereto for pulling anchor 112 in a forward axial direction.

Rear portion 122 includes a diametrical slot 130 located in substantially the same plane as bore 126. Slot 130 extends forwardly from rear end 120. The opposing side walls 132 and 134 defining slot 130 each includes a plurality of inwardly extending tines 136. Tines 136 may extend into slot 130 substantially perpendicular to side walls 132 and 134 as shown, or tines 136 may extend at an acute angle to the longitudinal axis of surgical anchor 112. In the preferred embodiment, each of the side walls 132 and 134 includes six tines 136 extending into slot 130. These six barbs are arranged in three groups of two barbs each, one group adjacent each open side of the slot 130 (Fig. 9).

Rear portion 122 is formed out of two sections 138 and 140, with the sections 138 and 140 being separated by slot 130. At least one of the sections 138 and 140 is pivotally attached to front portion 118 of body 114. In this way sections 138 and 140 can be moved between a closed position in which walls 132 and 134 confront one another in parallel, opposing relation across slot 130 (Fig. 6) and an open position in which walls 132 and 134 are moved away from one another (Fig. 7). This arrangement facilitates positioning a bone block between walls 132 and 134 for engagement by anchor 112. More specifically, when a bone block is to be positioned between the side walls 132 and 134 of slot 130, sections 138 and 140 are swung away from one

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extends outwardly and rearwardly from each of the channels 144. Barbs 151 are substantially the same as the barbs 36 discussed above with respect to surgical anchor 12. Bores 152 extend forwardly from the forward ends 154 of channels 144 to provide a mounting means for barbs 151, in a manner similar to the way bores 40 provide a mounting means for barbs 36 in anchor 12. It is to be appreciated that by mounting barbs 151 to body 114 adjacent rear end 120, the engagement of barbs 151 with the surrounding bone during anchor deployment will have the effect of forcing anchor sections 138 and 140 further together, so as to ensure that the bone block will be retained by the anchor.

The specific manner in which the anchor's rear sections 138 and 140 are hinged to one another may take several forms. All of these forms are contemplated to fall within the scope of the present invention in its broadest forms. In the preferred embodiment, however, body 114 is formed in two pieces, indicated generally at 160 and 162 in Fig. 9. Piece 160 includes section 138 of rear portion 122 and a center segment 164 of front portion 118, where center segment 164 extends perpendicular to the axis of bore 126. Piece 162, on the other hand, includes section 140 of rear portion 122 and the two side segments 166 and 168 of front section 118. Side segments 166 and 168 combine with the aforementioned segment 164 to form the complete front section 118.

Pieces 160 and 162 are formed so as to allow them to rotate relative to each other about bore 126. In the embodiment shown, this is accomplished by slightly

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straight configuration	0.28 inches
Diameter of Barbs 151	0.03 inches
Angular spacing between Channels 144	30°
Internal Diameter of Pin 180	0.08 inches

The use of surgical anchor 112 will now be described in the context of anchoring one end of an anterior cruciate ligament 8, having a bone block 113 attached thereto, to a femur 4, as shown in Fig. 5.

A length of strong suture 28 is first threaded through bore 126 in the front portion of the anchor. If desired, the free ends of the length of suture may be secured together to facilitate grasping the free suture ends and applying a pulling force thereto. Anchor 112 is placed into its open position (Fig. 7) and the bone block 113 (affixed to the end of the ligament or other elongate soft tissue repair material 8) is located between sections 138 and 140.

As is well known in the art, the bone block 113 and ligament 8 may be a natural tissue graft harvested from elsewhere in the patient as a single graft or as several different grafts, or they may be taken wholly or partially from another donor, or they may be made up at least in part of artificial material, depending upon the situation. The bone block also may be formed, cut and/or shaved into substantially any shape desired. A box-like configuration is frequently preferred. Preferably bone block 113 is sized so that it will completely fill the anchor's slot 130 and so that the sides of the bone block will just project through the

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that the anchor will tightly grip bone block 113 and prevent the graft from separating from the anchor. Barbs 151 will resiliently engage the surrounding bone so as to prevent the anchor from being withdrawn from the bone tunnels in the direction of its entry.

Once anchor 112 is properly positioned in bone tunnel 11, a pulling force is exerted on the opposite end 182 of ligament or repair material 8 so as to firmly set barbs 151 into the cancellous region 180 of femur 4. Suture 28 may then be removed from anchor 112.

Thereafter, the other end 182 of ligament or repair material 8 may be affixed to the tibia. This may be accomplished by using an anchor 112 appropriately attached to the end 182, if end 182 includes a bone block, or by using an anchor 12, or, alternatively, it may be attached to tibia 2 in any one of the many other ways well known in the art, e.g. by staples, screws or the like, depending on the nature of graft end 182.

Numerous variations, modifications, adjustments, alterations and alternative uses of the present invention will occur to those skilled in the art in view of the foregoing description of two exemplary and illustrative embodiments of the invention.

Thus, for example, one might use an anchor 12 or an anchor 112 in a setting other than the knee. Furthermore, one might vary the spacing and number of barbs 36 and/or barbs 151. Or one might form tines 136 with an alternative geometry. These and other changes of their type are all considered to be within the scope of the present invention in its broadest forms.

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Furthermore, the present invention provides a surgical anchor which includes simple and convenient means for attaching repair or replacement material or an object thereto.

And the present invention provides an improved method for repairing and/or replacing ligaments, tendons or similar tissue by affixing an end of such tissue (or its replacement) within a tunnel extending through a bone or bone-like structure.

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2. The surgical anchor of claim 1 wherein said attachment means comprises an opening extending transversely through said rear portion of said body.

3. The surgical anchor of claim 1 wherein:
said body defines a plurality of identical longitudinal channels, said channels being located in circumferentially spaced relation to each other about said outer surface, each said channel including a forward end lying in the same plane perpendicular to said longitudinal axis; and
one of said barbs extends outwardly and rearwardly from a forward end of each of said channels.

4. The surgical anchor of claim 3 wherein each of said barbs is curved in its normal unstressed state but is elastically deformable to a substantially straight configuration substantially within its associated channel.

5. The surgical anchor of claim 1 wherein said connecting means comprises a bore extending substantially transversely through said front portion and said anchor pulling means comprises a length of strong suture-like material extending through said bore.

6. The surgical anchor of claim 1 wherein the outer surface of said front portion slants inwardly toward said longitudinal axis as it extends toward said front end.

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substantially symmetrical tunnel therein, comprising:

a body adapted for longitudinal insertion into said tunnel, and a plurality of barbs;

said body having a longitudinal axis, an outer surface, a front end, a rear end, a front portion adjacent said front end, a rear portion adjacent said rear end, connection means associated with said front portion, and attachment means associated with said rear portion, said connection means being adapted to connect said anchor to anchor pulling means, and said attachment means being adapted to connect said rigid object to said anchor, said attachment means comprising a first section of said rear portion defining a first wall and a second section of said rear portion defining a second wall, said first and second walls being located in facing parallel relation so as to together define a diametrical slot extending through said body from said rear end to said front portion, at least one of said first and said second sections being pivotally movable relative to said front portion of said body; and

said barbs each comprising an outer end and an inner end, said inner end being attached to said body, and each said barb being formed and connected to said body so that said outer end is normally disposed outwardly beyond an axial projection of the maximum transverse cross-section of said body, but each said barb being elastically deformable so that said outer end may be disposed inwardly of an axial projection of the maximum transverse cross-section of said body.

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longitudinal axis; and

one of said plurality of barbs extends outwardly and rearwardly from a forward end of each of said channels.

18. The surgical anchor of claim 17 wherein three of said longitudinal channels are located adjacent said rear end on the outer surface of the first and second sections of the rear portion of the body, respectively.

19. A method for affixing a free end of ligament, tendon or similar elongate, non-rigid object formed of natural or artificial material or both within a piece of bone or bone-like material defining a substantially symmetrical tunnel therein, comprising the steps of:

(a) providing a body adapted for longitudinal insertion into said tunnel, and a plurality of barbs; said body having a longitudinal axis, an outer surface, a front end, a rear end, a front portion adjacent said front end, a rear portion adjacent said rear end, connection means associated with said front portion, and attachment means associated with said rear portion, said connection means being adapted to connect said anchor to anchor pulling means, and said attachment means being adapted to attach an elongated, non-rigid object to said body; and

said barbs each comprising an outer end and an inner end, said inner end being attached to said body, and each said barb being formed and connected to said body so that said outer end is normally disposed outwardly beyond an axial projection of the maximum

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said anchor to anchor pulling means, and said attachment means being adapted to connect said rigid object to said anchor, said attachment means comprising a first section of said rear portion defining a first wall and a second section of said rear portion defining a second wall, said first and second walls being located in facing parallel relation so as to together define a diametrical slot extending through said body from said rear end to said front portion, and at least one of said first and said second sections being pivotally movable relative to said front portion of said body;

said barbs each comprising an outer end and an inner end, said inner end being attached to said body, and each said barb being formed and connected to said body so that said outer end is normally disposed outwardly beyond an axial projection of the maximum transverse cross-section of said body, but each said barb being elastically deformable so that said outer end may be disposed inwardly of an axial projection of the maximum transverse cross-section of said body;

(b) connecting a length of suture or suture-like material to said connecting means;

(c) attaching said rigid object between said first and said second walls of said attachment means;

(d) threading the free ends of said suture or suture-like material through said tunnel in said bone or bone-like material; and

(e) pulling on the free ends of said suture or suture-like material extending through said tunnel to thereby draw said anchor and the end of said ligament,

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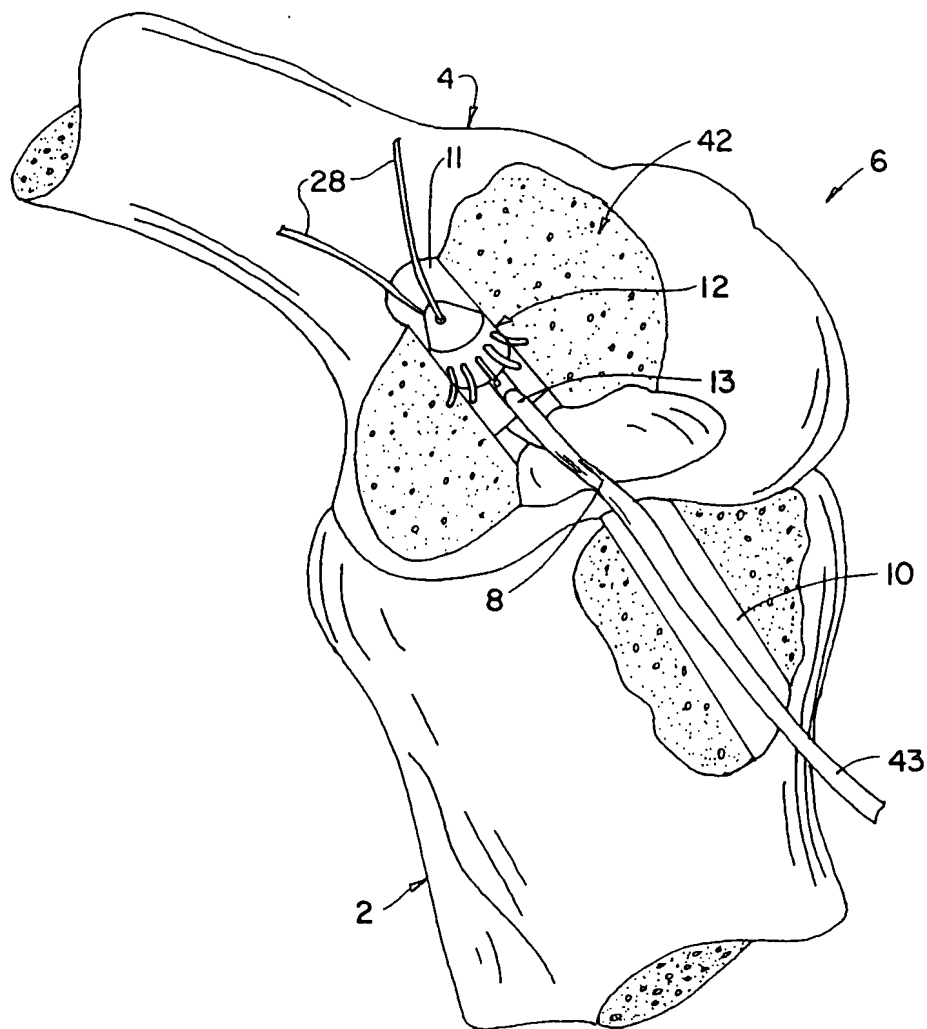


Fig. 1

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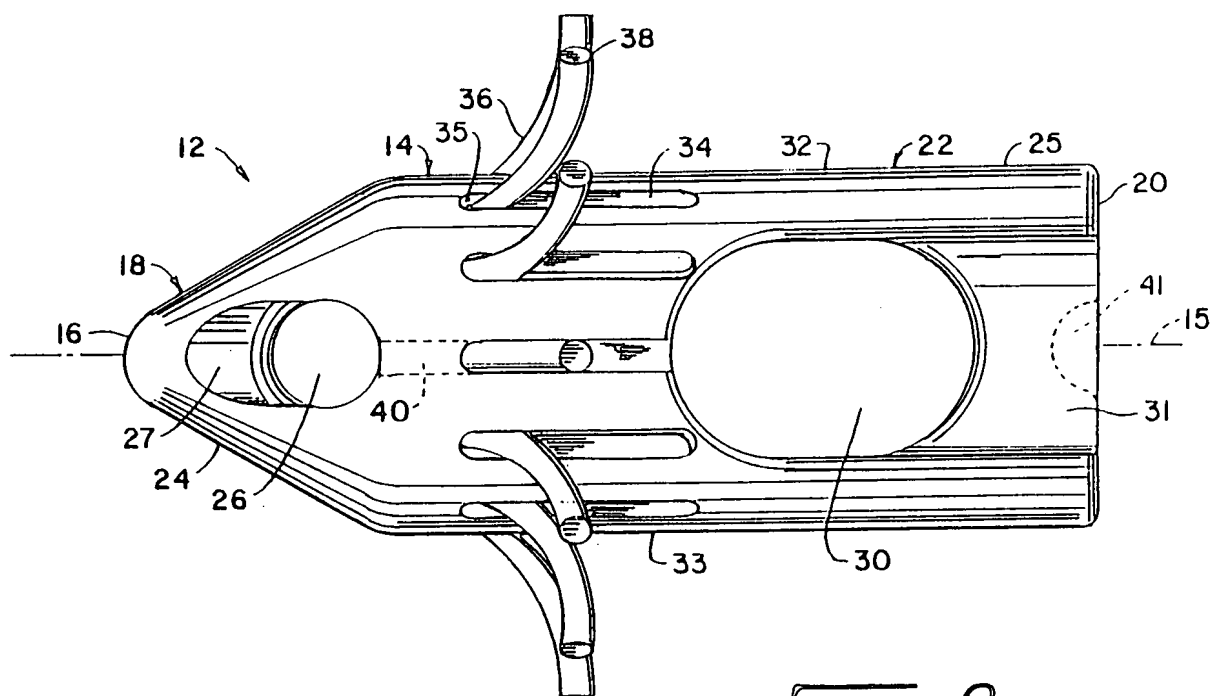


Fig. 2

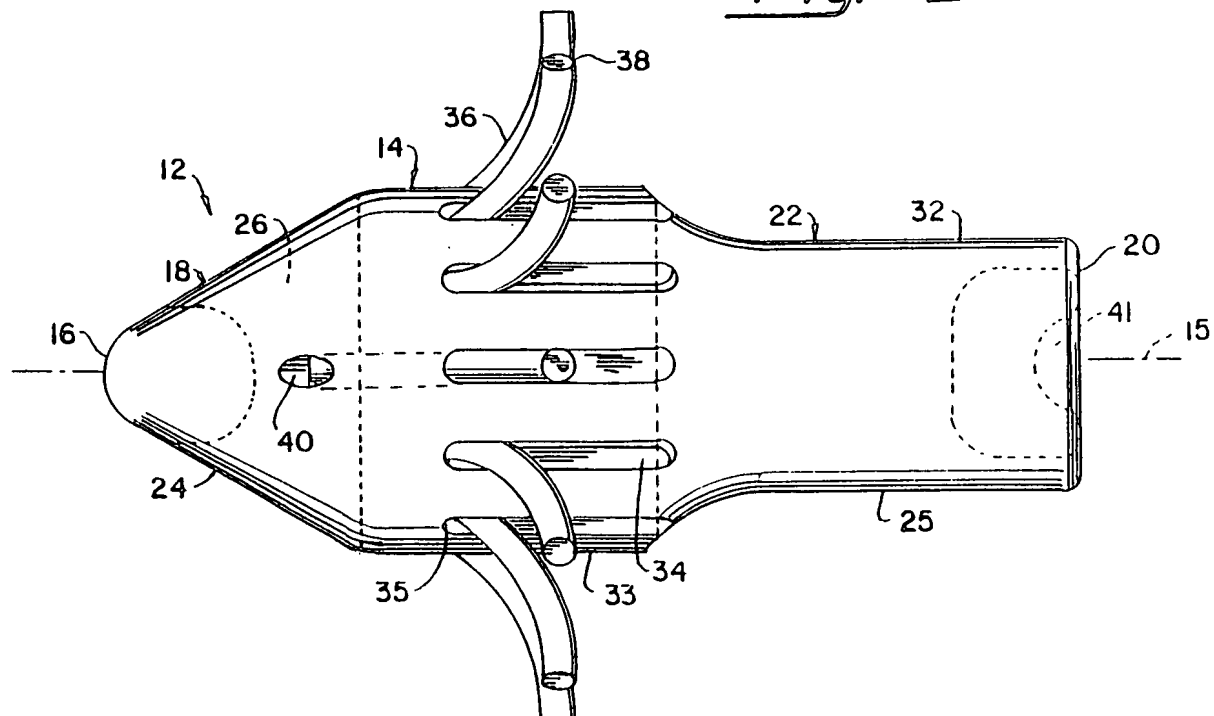
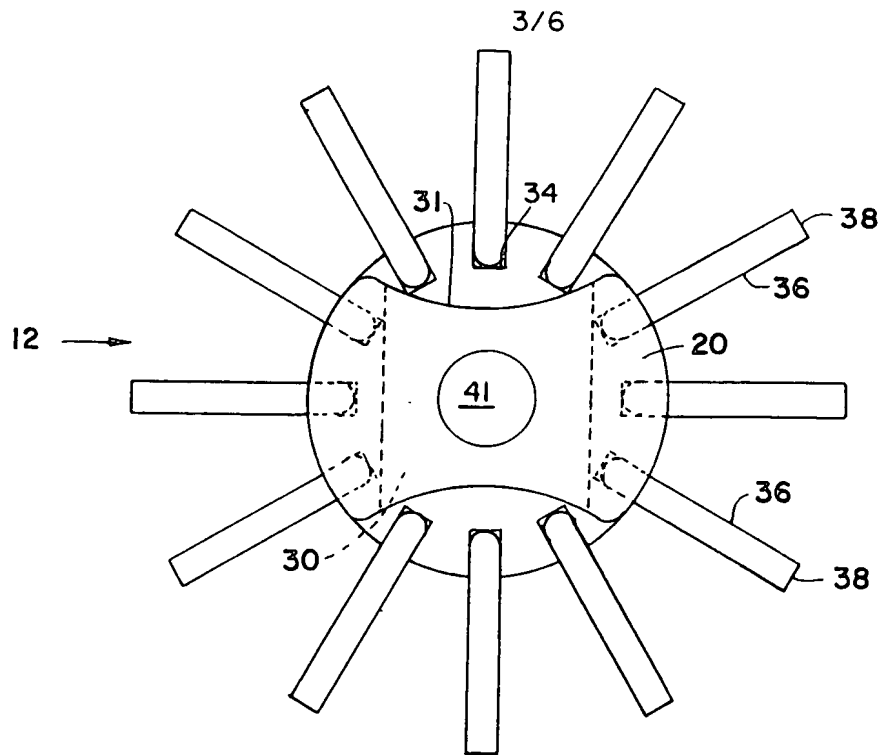
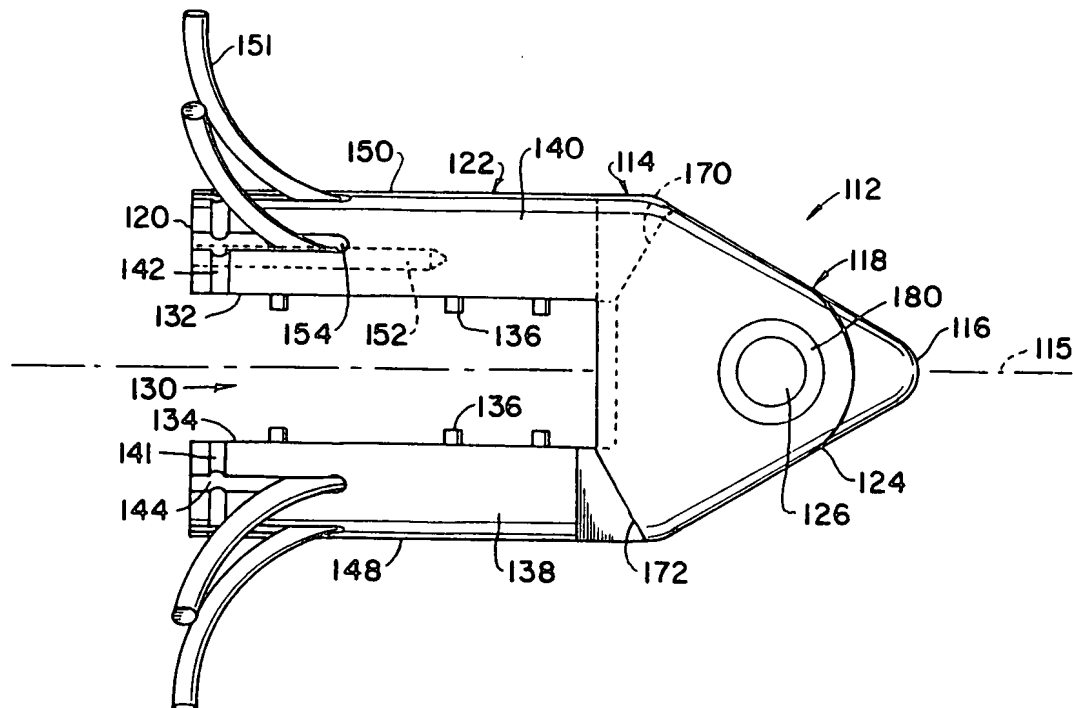
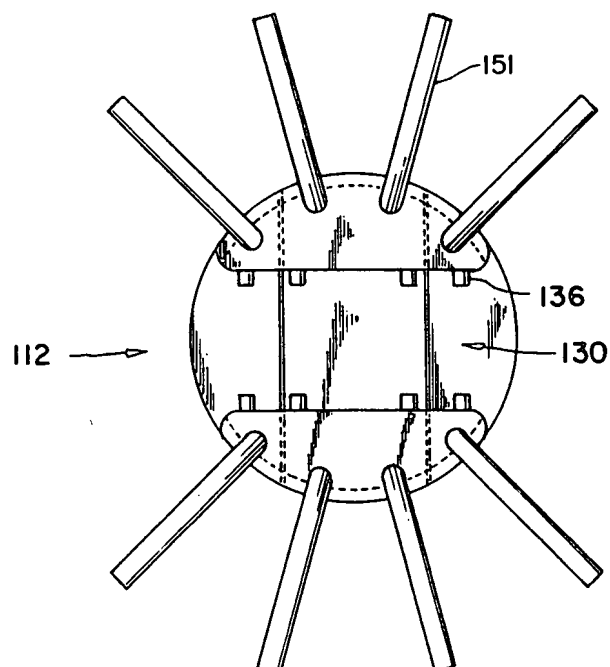
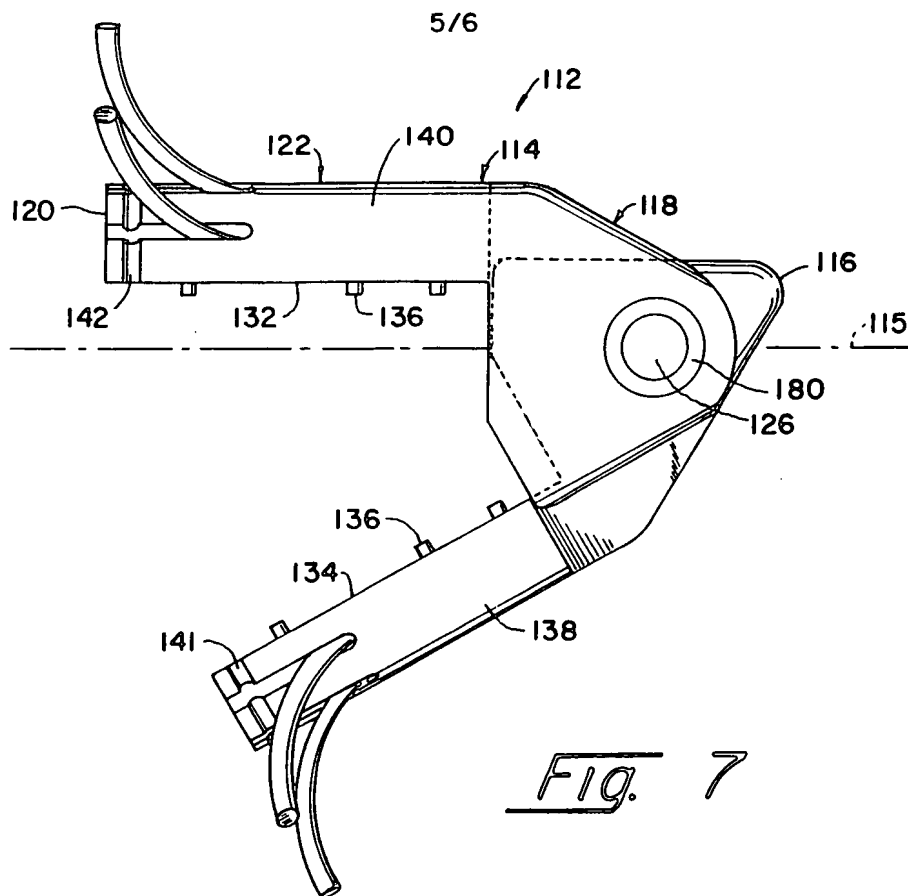


Fig. 3

*Fig. 4**Fig. 6*



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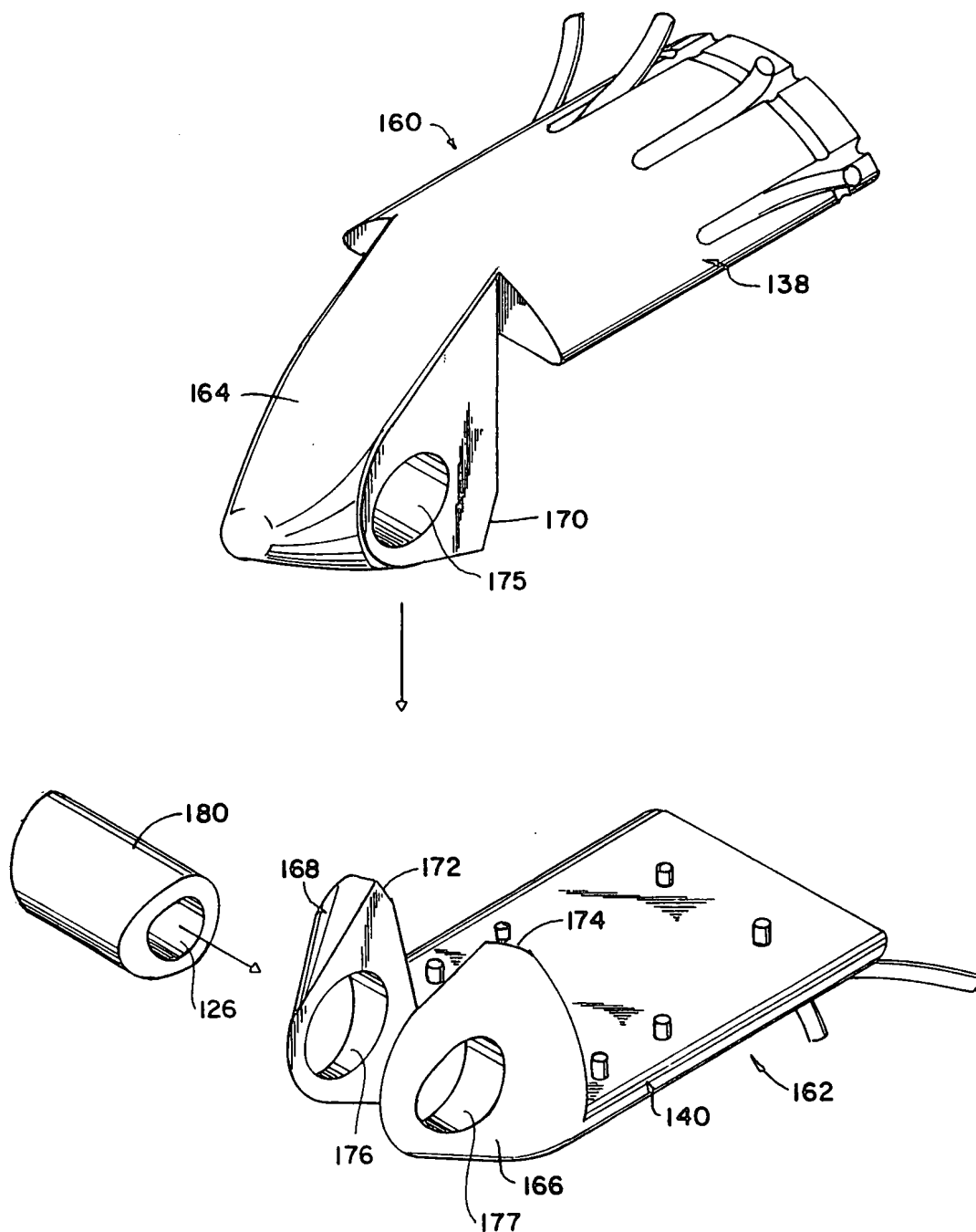


Fig. 9

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US94/06251

A. CLASSIFICATION OF SUBJECT MATTER

IPC(5) :A61B 17/00

US CL :606/72

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 606/72-77, 219, 220, 232

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
NONEElectronic data base consulted during the international search (name of data base and, where practicable, search terms used)
NONE

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US, A, 5,147,362, (GOBLE), 15 September 1992. See entire document.	1-20
Y	US, A, 5,207,679, (LI), 04 May 1993. See entire document.	1-20
Y	US, A, 4,898,156, (GATTURNA ET AL.), 06 February 1990. See entire document.	1-20
A	US, A, 5,102,421, (ANSPACH, JR.), 07 April 1992. See entire document.	1-20

☐ Further documents are listed in the continuation of Box C.☐ See patent family annex.

* Special categories of cited documents:	*T	later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
A document defining the general state of the art which is not considered to be of particular relevance	*X*	document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
E earlier document published on or after the international filing date	*Y*	document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
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Date of the actual completion of the international search

31 AUGUST 1994

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